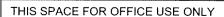


HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org



*07 JAN 30 A11:05

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

DADTI LODDINGT	(Type or Prin	Coleany)		
PART I LOBBYIST				
NAME (Last)	(First)	(Middle)	TELEPHONE	
Souki	Jeannine	A.	544-8300	
MAILING ADDRESS (Street)			FAX	
999 Bishop St., 23rd Flr.			544-8399	
(City)	(State)	(Zip Code)		
Honolulu	HI	96813		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE	
Watanabe Ing & Komeiji LLP			544-8300	
MAILING ADDRESS (Street)			FAX	
999 Bishop St., 23rd Flr.			544-8399	
(City)	(State)		(Zip Code)	
Honolulu	HI		96813	

PART II ORGANIZATIO	ON		
NAME OF ORGANIZATION YO	TELEPHONE		
Aloha Airlines	539-5972		
MAILING ADDRESS (Street)	FAX		
500 Ala Moana Blvd., Suite 500; Two Waterfront Plaza		836-0303	
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
Jeannine A. Souki		544-8300	
MAILING ADDRESS (Street)		FAX	
999 Bishop St., 23rd Flr.		544-8399	
(City)	(State)	(Zip Code)	
Honolulu	н	96813	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
☐ Agriculture	Education	☐ Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	✓ Tourism & Recreation		
Consumer Protection & Commerce	Hawaiian Affairs	✓ Labor & Employment	✓ Transportation		
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & WaterUse Management	Other: (indicate below)		
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	***************************************		
PART IV CERTIFICATION	ON OF LOBBYIST				
I hereby certify that th	e information furnished abov	e is, to the best of my knowledg	ge, correct and complete.		
1/6		22/07			
(Signature of Lobbyist)		/	(Date)		
PART V AUTHORIZATI	ON TO LOBBY				
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED				
		TITLE OF AUTHORIZING OFFICER	ON I ENGON NEFTLESENTED		
Stephanie Ackerman		Sr. Vice President, Public F			
Stephanie Ackerman NAME OF ORGANIZATION (if a	ipplicable)				
•	applicable)		Relations & Govt Affairs		
NAME OF ORGANIZATION (if a	applicable)		Relations & Govt Affairs TELEPHONE		
NAME OF ORGANIZATION (if a Aloha Airlines MAILING ADDRESS (Street)	uite 500; Two Waterfront I	Sr. Vice President, Public F	Relations & Govt Affairs TELEPHONE 539-5972		
NAME OF ORGANIZATION (if a Aloha Airlines MAILING ADDRESS (Street)	• • • • • • • • • • • • • • • • • • • •	Sr. Vice President, Public F	Relations & Govt Affairs TELEPHONE 539-5972 FAX		
NAME OF ORGANIZATION (if a Aloha Airlines MAILING ADDRESS (Street) 500 Ala Moana Blvd., S	uite 500; Two Waterfront I	Sr. Vice President, Public F	Relations & Govt Affairs TELEPHONE 539-5972 FAX 836-0303		
NAME OF ORGANIZATION (if a Aloha Airlines MAILING ADDRESS (Street) 500 Ala Moana Blvd., S (City) Honolulu	uite 500; Two Waterfront I (State) HI	Sr. Vice President, Public F	Relations & Govt Affairs TELEPHONE 539-5972 FAX 836-0303 Zip Code)		
NAME OF ORGANIZATION (if a Aloha Airlines MAILING ADDRESS (Street) 500 Ala Moana Blvd., S (City) Honolulu	uite 500; Two Waterfront I (State) HI	Sr. Vice President, Public F	Relations & Govt Affairs TELEPHONE 539-5972 FAX 836-0303 Zip Code)		